

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

LONGHORN PAC

ADDRESS (number and street) ▼

PO Box 30844

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824-0844

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00402602

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  08 01 2015 through  /  /  08 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer O'Lene Stone

Signature of Treasurer O'Lene Stone [Electronically Filed] Date

/  /  09 18 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LONGHORN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
08		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5"></td><td>10671.86</td></tr></table>						10671.86
Y	Y	Y	Y	Y														
2015																		
					10671.86													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>16529.82</td></tr></table>						16529.82											
					16529.82													
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5"></td><td>4500</td></tr></table>						4500	<table><tr><td colspan="5"></td><td>84500</td></tr></table>						84500				
					4500													
					84500													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>21029.82</td></tr></table>						21029.82	<table><tr><td colspan="5"></td><td>95171.86</td></tr></table>						95171.86				
					21029.82													
					95171.86													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>14339.1</td></tr></table>						14339.1	<table><tr><td colspan="5"></td><td>88481.14</td></tr></table>						88481.14				
					14339.1													
					88481.14													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5"></td><td>6690.72</td></tr></table>						6690.72	<table><tr><td colspan="5"></td><td>6690.72</td></tr></table>						6690.72				
					6690.72													
					6690.72													
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5"></td><td>0</td></tr></table>						0											
					0													
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5"></td><td>5572.89</td></tr></table>						5572.89											
					5572.89													



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**LONGHORN PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
08		31		2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

500

25000

(ii) Unitemized .....

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

500

25000

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

4000

59500

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

4500

84500

## 12. Transfers From Affiliated/Other

Party Committees.....

0

0

## 13. All Loans Received .....

0

0

## 14. Loan Repayments Received.....

0

0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4500

84500

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

4500

84500

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	12339.1	79481.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12339.1	79481.14
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000	9000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14339.1	88481.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14339.1	88481.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4500	84500
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4500	84500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	12339.1	79481.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	12339.1	79481.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew Shore**

Mailing Address 5904 22nd Street N

City

Arlington

State

VA

Zip Code

22205-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jochum Shore & Trossevin

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2015

**Transaction ID : 444-2559-c**

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

## **A. Comcast Corporation Political Action Committee (COMPAC)**

Mailing Address 1701 John F Kennedy Boulevard  
One Comcast Center

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

**08** / **14** / **2015**

**Transaction ID : 137-2557-c**

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

## **B. CBS Corporation PAC**

Mailing Address 601 Pennsylvania Avenue NW  
Suite 540

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00423442

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500

Date of Receipt

**08** / **21** / **2015**

**Transaction ID : 885-2558-c**

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

**A. Epiphany Productions**

Mailing Address 104 Hume Avenue

City

Alexandria

State

VA

Zip Code

22301-1015

Purpose of Disbursement

SEE MEMO ITEMS

Candidate Name

001

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

08

03

2015

**Transaction ID : SB21B-213-2552-e**

Amount of Each Disbursement this Period

5040.56

Full Name (Last, First, Middle Initial)

**B. Epiphany Productions**

Mailing Address 104 Hume Avenue

City

Alexandria

State

VA

Zip Code

22301-1015

Purpose of Disbursement

PAC Fundraising Consulting

Candidate Name

003

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

08

03

2015

**Transaction ID : SB21B-213-516-V**

Amount of Each Disbursement this Period

5000

**[MEMO ITEM]**

Subitemization of Epiphany Productions ( 08/03/15 )

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

PAC Software Service

Candidate Name

001

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

08

12

2015

**Transaction ID : SB21B-477-2553-e**

Amount of Each Disbursement this Period

150

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5190.56

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1270

City

Newark

State

NJ

Zip Code

07101-1270

Purpose of Disbursement

SEE MEMO ITEMS

Candidate Name

001

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2015**Transaction ID : SB21B-956-2555-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Craft**

Mailing Address 43 East 19th Street

City

New York

State

NY

Zip Code

10003

Purpose of Disbursement

PAC Catering

Candidate Name

003

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2015**Transaction ID : SB21B-1527-518-V**

Amount of Each Disbursement this Period

3000

**[MEMO ITEM]**

Subitemization of American Express ( 08/13/15 )

Full Name (Last, First, Middle Initial)

**C. Eatly**

Mailing Address 200 5th Avenue

City

New York

State

NY

Zip Code

10010

Purpose of Disbursement

PAC Catering

Candidate Name

003

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2015**Transaction ID : SB21B-1528-519-V**

Amount of Each Disbursement this Period

2000

**[MEMO ITEM]**

Subitemization of American Express ( 08/13/15 )

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

**A. Lilly & Company LLC**Mailing Address 1005 Congress Avenue  
Suite 910

City Austin State TX Zip Code 78701-2467

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

**Transaction ID : SB21B-374-2556-e**

Amount of Each Disbursement this Period

2140
------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2140.00
---------

12330.56
----------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Walker, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Mailing Address PO Box 620590

City	State	Zip Code
Middleton	WI	53562

**Transaction ID : SB23-1530-2560-e**Purpose of Disbursement  
PAC Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Scott Walker**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 12

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LONGHORN PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Epiphany Productions**

Nature of Debt (Purpose):

Fundraising: PAC Fundraising Consulting &amp; Express Shipping

Mailing Address 104 Hume Avenue

City State

Zip Code

Alexandria

VA

22301-1015

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT2566

Amount Incurred This Period

5022.89

Payment This Period

0

Outstanding Balance at Close of This Period

5022.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Financial Services**

Nature of Debt (Purpose):

Administrative/Salary/Overhead: PAC Compliance Consulting &amp; General Office Supplies

Mailing Address PO Box 30844

City State

Zip Code

Bethesda

MD

20824-0844

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT2565

Amount Incurred This Period

550

Payment This Period

0

Outstanding Balance at Close of This Period

550

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5572.89

2) **TOTALS** This Period (last page this line number only)..... ►

5572.89

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5572.89